



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION		
Name		Member of:	
Stephen Beaude	He	House	☐ Senate
Mailing address		District .	
Stephen Beaude Mailing address 11 Westfield St		136	
City, zip code	,	Phone	
Biddeford 0400	5	207-283	-408¢
<u> Angli (1975) Emilia da da grago (1916) Esta esta da Partir Romana da Cara da Partir da Cara da Partir da Par</u>	E DERIVED FROM EMPLOYMENT BY ANO		
List the name and address of each employ principal type of economic activity of each er	ver from whom you received compensation in a property of the model of the compensation	of \$1,000 or more	e. Specify the
Name of Employer	Address	Principal Type Activity of (of Economic Employer
none	· ·	;	
	and the contract of the contra	The state of the s	
		BMN (Similar) Annich an manuscher 1988 - 1984 Art BN (A. 1987 MA) Art Man Array (Similar)	n the state of the
(For	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)		
 A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity. 	iness, if any, and list the major areas of ecrship, firm, professional association, or simila	onomic activity from the second activity, are business entity,	om which you list the major
TO THE STATE OF THE PARTY OF THE STATE OF TH	Marin Air	Major Areas	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activ (partnership, asso business	rity clation or similar entity)
Name:		The second section of the second section of the second section of the second section s	and the second s
Address:			
Name:	in the second control of the second second control of the second	e van suud een gebeurd. T	
Address:		•	

PART 2 (continued). INCC	DME DERIVED FROM SI slators who are self-employed.)	
B. List each source of income derived from self-employme is greater, and specify the principal type of economic activities disclosure is prohibited by law, rule, or an established cod the entity or person from whom the income was derived.	ity of the entity of person fro	om whom you derived such income. If this form of ecify only the principal type of economic activity of
Name and Address of S	OUTCE	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:		
Address:		
 A. A. A	AJOR AREAS OF PRAC	
List your major areas of practice. If associated with a law f		
Name and Address of Firm	Majo	or Areas of Practice Major Areas of Practice (self) (firm)
Name:		······
Address:		
Name:		
Address:		
PART 4. OT	HER SOURCES OF INC	OME
List each source of income of \$1,000 or more not listed in I	Parts 1, 2, or 3 of this form.	Do not include gifts. If none, check the box.
None		
Name and Address of S	And the second s	Kind of Income (investments, leases, etc.) life insurance eash Surrender
Name: Prodential Insurance Address: Po Box 7390 Philadelphia		like insurance
Address: Po Box 7390 Philadelphia	PA 19176	eash surrender
Name:	* .	
Address;	·	
PART 5. R	EPORTABLE LIABILITI	ĖS
List the names of creditors for any <u>unsecured</u> loans of \$3, areas of economic activity of each creditor. Do not list loan	000 or more that you receives from a relative. If none, or	yed during the reporting period, and list the major sheck the box
None		
Name and Address of Cr	editor	Principal Type of Economic Activity of Creditor
Name:		-
Address:		
Name:	The state of the s	
Address:		
PART 6	. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Inc none, check the box		value of more than \$300 from a single source. If
None	STEET SEES — SEE ALL PERSON OF THE SESSION PROPERTY AND THE HEALTH SESSION OF THE	autoria menteneminen sa merusa kalulukan kan kan kan kan kenan menen sepertu salabagai salab kenan kenan kan b Kan baran baran baran kan baran kan baran kan baran kan baran kan baran baran baran baran baran baran kan baran
Name of Source of Gift	TO THE MEAN COME OF A STATE OF THE COME OF	Name of Source of Gift
1.	: 3.	
2.	4.	one and the second seco

PART 7. REPORTABLE						
List the source of any honoraria accepted for appearances or speeches rela	ated to y	our offic	ial duties. If none, check the box.			
None	and a september of the		The real of the state of the st			
Name of Source of Honoraria		Na Na	me of Source of Honoraria			
1. 3.	The State of the S	***************************************				
2. 4.	· Vinification					
PART 8. REPRESENTATION BEFO	PRE ST	ATE A	GENCIES			
List each executive branch agency before which you represented or assis the box.						
None						
Name of Agency		P.	Name of Agency			
1. 3.						
2. 4.	-					
PART 9. BUSINESS WITH ST	TATE A	GENCI	ES 12 12 12 12 12 12 12 12 12 12 12 12 12			
List each executive branch agency to which you or a member of your imme \$1,000 during the reporting period. If none, check the box.						
None		A Name of the State of the Stat	; ;			
Name of Agency			Name of Agency			
1. 3.	-		§ **			
2. 4.	M. A					
PART 10. INCOME RECEIVED BY MEMB	PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY					
en la la la company de la	-1100	L HANNE	DIATE FAMILY			
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do not "D" for income received by dependents.	1 000 o	r more r	eceived by your spouse or dependent child			
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do not be a controlled to the	1 000 o	r more r de gifts. cle	eceived by your spouse or dependent child Circle "S" for income received by spouse or Kind of Income			
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NAME: Stephen Beaudette

DATE:

1-19-2008

ADDRESS: 11 Westfield St Biddeford 04005

3 ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section Number